

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591568

FILING DATE

11 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		5		/		/
7		5		/		/
8		10		/		/
9		10		/		/
10		10		/		/
11		10		/		/
12		10		/		/
13		10		/		/
14		10		/		/
15		10		/		/
16		10		/		/
17	/		/	/	/	/
18		/	/	/	/	/
19		/		/		/
20		/		/		/
21		4		/		/
22		10		/		/
23		10		/		/
24		10		/		/
25		10		/		/
26		10		/		/
27		10		/		/
28		10		/		/
29		10		/		/
30		10		/		/
31		10		/		/
32	/		/		/	
33		/		/		/
34		2		/		/
35		2		/		/
36		10		/		/
37		10		/		/
38		10		/		/
39		10		/		/
40		10		/		/
41		10		/		/
42		10		/		/
43		10		/		/
44		10		/		/
45		10		/		/
46		10		/		/
47		10		/		/
48		10		/		/
49		10		/		/
50		10		/		/
TOTAL IND.	12	↓	9	↓	9	↓
TOTAL DEP.	97	←	113	←	69	←
TOTAL CLAIMS	109		122		78	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62	/			/		/
63		10		/		/
64	/			/		/
65		10		/		/
66		/		/		/
67		/		/		/
68	/		/	/	/	/
69		10		/		/
70		/		/		/
71		/		/		/
72	/		/	/	/	/
73		10		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80	/		/	/	/	/
81		10		/		/
82	/		/	/	/	/
83	/	10		/		/
84	/		/	/	/	/
85		10		/		/
86	/			/		/
87		10		/		/
88		10		/		/
89		10		45		/
90		10		/		/
91		10		/		/
92		10		/		/
93		10		/		/
94		10		/		/
95		10		/		/
96		10		/		/
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						